

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		05-04-01
O.I.P.E. CLASSIFIER		1019 48	5/25/01
FORMALITY REVIEW	<i>KL</i>	712	06-28-01
RESPONSE FORMALITY REVIEW	<i>KL</i>		08-23-01

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	9/4/01
2	✓	✓	9/4/01
3	✓	✓	9/4/01
4	✓	✓	9/4/01
5	✓	✓	9/4/01
6	✓	✓	9/4/01
7	✓	✓	9/4/01
8	✓	✓	9/4/01
9	✓	✓	9/4/01
10	✓	✓	9/4/01
11	✓	✓	9/4/01
12	✓	✓	9/4/01
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47	✓	✓	9/4/01
48	✓	✓	9/4/01
49	✓	✓	9/4/01
50	✓	✓	9/4/01

Claim	Final	Original	Date
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DEPT AVAILABLE COPY

If more than 150 claims or 10 actions  
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H.S.  
6-28-01  
8/23/01  
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